

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

Applicant(s): Alan D. Gould	)	I hereby certify that this paper is
	)	being electronically deposited with
	)	the United States Patent and
Serial No.: 09/917,792	)	Trademark Office on this date:
	)	
	)	
Filed: July 31, 2001	)	<b>July 13, 2009</b>
	)	
	)	
Title: "Computerized System and Method for Increasing the Effectiveness of Advertising"	)	
	)	<u>/Daniel J. Glitto/</u>
	)	Daniel J. Glitto
Group Art Unit: 3688	)	Registration No.: 58,996
	)	Attorney for Applicant

Examiner: Raquel Alvarez

**AMENDMENT TRANSMITTAL WITH  
PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the non-final Office action dated March 11,  
2009, pending in the above application.

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

**2. Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$130.00		\$65.00
Two Months		\$490.00		\$245.00
Three Months		\$1,110.00		\$555.00
Four Months		\$1,730.00		\$865.00
Fifth Month		\$2,350.00		\$1,175.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$130.00

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction:

**Extension Fee Due With This Request \$130.00**

### 3. Fee for Claims

- ☒ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	23	MINUS	31	= 0	x26=	\$	x52=	\$0
INDEP.	8	MINUS	8	= 0	x110=	\$	x220=	\$0
First Presentation of Multiple Dependent Claim					+195=	\$	+390=	\$
TOTAL ADDITIONAL FEE						\$	OR	\$0

### 4. Method of Payment of Fees

- ☐ Charge Deposit Account No. 50-2455 in the amount of: \$0.00
- ☒ Electronic Funds Transfer in the amount of: \$130.00
- ☐ No Payment Due

### 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount submitted or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC  
USPTO Customer Number 81905  
150 South Wacker Drive  
Suite 2100  
Chicago, Illinois 60606  
(312) 580-1020

By: /Daniel J. Glitto/  
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July 13, 2009